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CONTENTS.

MEDICAL NEWS.

CLINICS.

The Administration of Anæsthetics . . 81

CLINICAL LECTURE.

Clinical Lecture on the treatment of Stricture, Concussion of the Hip, Severe Sprains, and Recurrent Hemorrhage 84

HOSPITAL NOTES AND GLEANINGS.

Recovery from Pyæmia 87
Pyæmia from Lacerated Wound of Buttock . 87
Perforation of Intestine; the Result of Supposed Laceration 87

Domestic Intelligence.—American Medical Association 88
National Medical Convention for Revising the Pharmacopœia 89
Power of Nature in the Cure of Disease . 89
Conversazione of the Biological and Microscopical Section of the Academy of Natural Sciences of Philadelphia . . . 90
New Medical Journals 91

Foreign Intelligence.—Chloral and Chloroform 92
New Remedies for Burns 92
Corradi's Urethral Dilator 92
Thymol, a New Disinfectant 92
Mobility of the Liver 93
Ingestion of twenty-five drops of Croton Oil by a Man: Recovery 93
Influence of Atmospheric Dust in the Production of Disease 93
Smallpox in Paris 94
Obituary Record 94

DISEASES OF THE SPINE AND OF THE NERVES. 16 PAGES.

MEDICAL NEWS.

CLINICS.

The Administration of Anæsthetics.—By A. Ernest Sansom, M. D., Physician to the Royal Hospital for Diseases of the Chest, &c. &c.

The public as well as the professional mind seems at the present time to be passing through one of those phases of terrorism which, induced by the news of a death during the administration of chloroform, occur from time to time. It is vain to adduce the argument that, considering the vast number of times in which an anæsthetic is administered with comfort and safety, the danger is, proportionately, exceedingly small. If but one in ten thousand die, it is right that one death awaken all our powers to avert the danger from those who come after.

It is a right time that we should take a retrospective glance, and attain an estimate of the present position of anæsthetic agents and their administration.

In the first place, we are not, as formerly, confined to the use of one agent. To ether succeeded chloroform, to chloroform amylene, tetrachloride of carbon, bichloride of methylene, nitrous oxide, besides many other agents less widely known, and various mixtures and superadditions of one anæsthetic and another. Chloroform, the most widely employed, takes almost all the blame of the disasters. To my mind, we are too much disposed to look upon the production of a state of insensibility, for the performance of a surgical operation, as the administration of an agent rather than the induction of a state or condition. It is not the administration of chloroform, but the induction of anæsthesia, which is required. We have a power of selection now, which was not possessed in times past; a fatal case points less to the failure of an agent than to the imperfection of a system.

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The first rule for guidance is—

A. The choice of an anæsthetic agent should be regulated by the condition of the patient and the requirements of the case.

If it be desired to relieve pain, as in headache or the slighter forms of neuralgia, I know no better agent than tetrachloride of carbon, whatever be the condition of the patient. If an operation of short duration is to be performed, the administration of nitrous oxide is probably the most indicated. This has the properties of quick action, induction of deep insensibility with rapid recovery. The use of this agent requires, however, apparatus and time for arrangement; it cannot be a measure for the many and for the moment. Yet, largely used as it is by dentists, it takes away from the general dangers of anæsthesia, by withdrawing from the greater risks of the other anæsthetics, a large class which was proved to be in aforetime peculiarly prone to danger. Certain conditions should, however, in my opinion, preclude the administration of nitrous oxide; these are pulmonary congestion, cardiac affections, and cerebral affections. When an operation of uncertain or of long duration is to be performed, the chief agents are ether, bichloride of methylene, and chloroform. Our data as to the bichloride of methylene are, I think, as yet insufficient. As we have seen lately, one death has resulted from its use. In a case in which I administered it for a dental operation, signs of syncope occurred, and I was obliged to substitute chloroform. The great question is, Does bichloride of methylene sustain the heart's action during profound anæsthesia with greater power than chloroform? To this question a wide practical experience (which, from *à priori* evidence, the agent greatly deserves) only can reply.

The agents which remain to be considered are ether and chloroform. Concerning the comparative action of these, I think we are justified in concluding that, while the latter is by far the more practicable agent, ether can induce a profound anæsthesia with less depression of the heart's action than chloroform. If complete muscular relaxation be required, as for the reduction of dislocation, etc., it is better to use ether. For the great majority of cases the chief agent remains chloroform. The contra-indications to its use are the existence of prominent signs of fatty degeneration of the heart (valvular disease is no contra-indication), *delirium tremens*, and habitual intemperance. In the first of these conditions it will be a question whether any anæsthetic at all shall be administered. Argument may fairly urge that the shock of an operation will be a danger to the feeble heart. On the other hand, there is the undoubted fact that chloroform can induce cardiac debility. The dictum that "a case for operation is a case for chloroform," can be at once set aside as a finality which would arrest all one's efforts to import greater safety into the practice of anæsthesia. Fortunately we have a method of relieving pain which can, as M. Claude Bernard has shown, go hand in hand with the operation of a volatile anæsthetic—the subcutaneous injection of morphia. Supposing, therefore, a patient having undoubted signs of cardiac degeneration be the necessary subject of an operation, I think no better plan could be counselled than the subcutaneous injection of morphia, followed, if necessary, by the inhalation of ether. In cases where the patient is the subject of habitual intemperance, the subcutaneous injection of morphia also is indicated. With this preparation chloroform may with care be administered instead of ether, which has a longer stage of excitement. Having made choice of an anæsthetic, another rule presents itself to us.

B. Especial care should be taken at the early stages of the administration of an anæsthetic, whatever that anæsthetic may be.

There is no doubt that the emotional disturbances which occur at such a time may induce dangerous and even fatal effects. Sudden death at the moment of commencement of an operation when no anæsthetic whatever has been employed, are far from uncommon. Such instances have occurred in the practice of Stanley, Desault, Civiale, Roux, Chopart, Cazenave, Gargangeot, and others, and have been recorded by many observers. Giraldès goes so far as to say that "the accidents which have been observed do not much surpass in number the cases of sudden death which have occurred without apparent cause during or soon after operations." From collateral evidence, however, we know that this, though a partial, is not a complete explanation of chloroform dangers. It is a significant fact that nearly half of the cases which have proved fatal (50 in 190) succumbed before the full effect of chloroform was induced. This leads to the consideration of a word, which

I confess I do not like, that has been adduced to explain the catastrophes—idiosyncrasy. What does it mean? A condition of system inimical to chloroform *quâ* chloroform? It cannot be so, for we see that emotional syncope may occur without the anæsthetic element. Just as some people faint at slight causes—the scratch of a finger, the sight of blood, or an emotional effort—so some fatally faint at the commencement of an operation. Moreover, some of those who have suddenly died in the early stages of chloroform administration have previously inhaled with impunity. It follows that every effort should be made that the emotional disturbances should be calmed, and that the early stages of an administration should be conducted with care and caution. This eliminates one of the elements of the so-called idiosyncrasy inimical to chloroform. It is a condition of sympathetic susceptibility induced by any external agency. It will not, however, explain those deaths which occur in the more profound stages. We are led to a third rule—

C. In the administration of chloroform due regard should be paid to its well-established physiological properties. This may almost seem a truism. Yet I think that nearly all who have made this subject a special study will agree with me that the toxic action of chloroform is ignored in the common method of administration. No one can from experiment or from observation of the records doubt for a moment that chloroform does possess a toxic action; and just as with all other agents its danger is dependent upon its dose. The most competent authorities agree that too strong atmospheres of chloroform are dangerous. For the purpose of inducing and maintaining anæsthesia a portion of no more than four per cent. of chloroform vapour in atmospheric air is necessary; above six per cent. is dangerous. Strong atmospheres of chloroform administered to the human subject are dangerous in two ways—First, by their tendency, acting on the branches of the *par vagum* distributed to the lung, and thus by reflex action upon the heart, to cause shock or cardiac syncope.[1] This may occur at the early stages of anæsthesia or any period prior to complete loss of consciousness. Secondly, by direct paralysis of the cardiac and vaso-motor nerves. This can occur only in profound anæsthesia, though it also may be rapidly induced. When pure chloroform is sprinkled upon a piece of lint or a napkin, what percentage of the vapour is it possible for a patient to inspire? I have been at some pains to investigate this, and it may cause some surprise to those who have not practically inquired into the point to be assured that it is possible for a patient at a temperature of from 60° to 64° Fahr., when a drachm of chloroform is sprinkled upon lint, to inspire an atmosphere containing more than thirteen per cent. of the vapour.[2]

Of course a happy chance so regulates the matter that a patient does not usually inhale this proportion, and a skilled administrator will take care that he does not; but the possibility of the danger remains. How often in the details of the fatal cases it is recorded in some such fashion as this, "More chloroform was poured upon the lint, the patient inhaled and fell back, etc. etc." Why? because he suddenly inhaled a deadly dose.

Granted that a due dilution of chloroform is a necessary thing, how shall we obtain it? There is a widely spread objection against inhalers; they are not at hand at the moment they are wanted. I think they can be dispensed with if the chloroform employed be diluted with an equal bulk of absolute alcohol. By such a measure as this I have ascertained that, partly by the admixture of the chloroform vapour with the vapour of alcohol, but chiefly by the retarding power which the latter exerts upon the volatilization of the chloroform, the percentage in the resultant atmosphere is reduced just one half. The above considerations eliminate another element of so-called idiosyncrasy. The effect of a sudden inspiration of a strong chloroform atmosphere is just as much toxic as the swallowing of an overdose of prussic acid. But it may now be urged that in some cases wherein you have exercised all care, and while you are administering only a proper dose of chloroform vapour, from some cause (perhaps connected with the opera-

[1] On this point see an exhaustive review of the whole subject of anæsthesia in the *American Journal of the Medical Sciences* for January, 1867, and Brown-Sequard's Lectures on the Physiology and Pathology of the Nervous System, p. 160.

[2] See tables appended to my paper read at the British Medical Association at Oxford, and reprinted from *British Journal of Dental Science* for September, 1868, and "On the Pain of Parturition and Anæsthetics in Obstetric Practice" in *Transactions* of Obstetrical Society of London, vol. x. p. 161.

tion) the heart may show signs of failing. We are led to what I think may be established as a rule.

D. In the course of the induction or during the maintenance of anæsthesia one agent may be advantageously substituted for another. Practically, in animals, as well as in man, I have found that if in the course of chloroform administration there has been the least sign of circulatory debility ether substituted for the chloroform renews the power whilst maintaining the anæsthesia.[1] This is confirmed by my friend Mr. Geo. Cowell, in a letter to these columns. In observations upon animals I have found that the substitution of any one anæsthetic for any other stimulates the heart.

Practical Rules.—Selection of cases having been made according to the principles before mentioned, I would suggest the following as rules for guidance:—

1. The administrator intrusted with the induction of anæsthesia should be provided with the following armamentarium: A case of three stoppered bottles, one containing the mixture of chloroform and absolute alcohol, another pure chloroform, a third absolute ether. A soft handkerchief or porous material through the fibres of which, when covering the face, respiration can readily take place. A hypodermic syringe with suitable morphia solution.

2. The patient should have abstained from food as far as possible on the day of inhalation. Nothing whatever should have been taken for hours.

3. The patient being, if possible, in the recumbent position, the administrator should place the handkerchief over the nose and mouth, so as loosely to cover them with a single fold, and note that respiration is unimpeded. The mixture of chloroform and alcohol should then be dropped on the fold, a few minims at first, and, after two or three inspirations, twenty or thirty, which should be renewed as often as evaporation renders necessary. This should be continued until the desired stage of anæsthesia is arrived at.

4. Ether may now be substituted if it is thought desirable, the fold of lint being moistened therewith.

5. In some rare cases it may be necessary (but only after tolerance has been induced by the administration of the dilution) to use some of the pure chloroform.

6. In case of any alarming symptom artificial respiration should immediately be practised.—Med. Times and Gaz., April 23, 1870.

[1] See Observations by Dr. Greenhalgh, *Obst. Trans.*, vol. viii. p. 53.

CLINICAL LECTURE.

Clinical Lecture on the treatment of Stricture, Concussion of the Hip, Severe Sprains, and Recurrent Hemorrhage. By JAMES PAGET, Esq., F.R.S.—Mr. Paget lectured on two cases of retention of urine with slight stricture, in which the patients had been treated in the first instance by warm bath, laudanum, and rest, without catheterism, the last measure having been reserved until many days after the retention was relieved, and employed for the treatment of the purely organic stricture only. In one of the cases catheterism was attempted on admission, for a short time only, but unsuccessfully; this man had had incontinence of urine for six weeks before he got retention, and yet, after three weeks' treatment, by rest, alkalies, and plain diet, Mr. Paget was able to pass No. 9 without any difficulty into his bladder.

In the other case, retention was complicated by a perineal abscess, which was opened. The man was treated without any attempt at catheterism until the third week, when a single unsuccessful attempt was made; but a few days later Mr. Paget was able to pass No. 6 at once into the bladder. Mr. Paget dilated on the advantages of rest, the warm bath, and opium in relieving retention, and on the continuance of rest with alkaline medicines and unstimulating diet for the subsequent complete removal of spasm, and of that of swelling of the urethral mucous membrane which may not only produce retention, but, as in the first patient mentioned, may cause symptoms closely simulating those of the worst forms of organic stricture. The chronic congestion of the urethral mucous membrane, which probably existed in that patient and caused incontinence, was compared by the lecturer with chronic conjunctivitis and chronic swelling of nasal mucous membrane.

Mr. Paget considered that the perineal abscess, which formed in the second patient, was probably the result of inflamma-

tion in strictures contiguous to the urethra, but without any extravasation of urine. Many of the perineal abscesses formed in connection with retention were produced in this way, and not, as commonly taught, by ulceration of the urethra and localized extravasation.

Mr. Paget went on to remark on the morbid sympathies of the urethra, sympathies which were found in no other mucous track, and were quite peculiar to that over which the urine passed from the bladder. The first of these peculiar manifestations of sympathy with distant parts was the *syncope* which occasionally follows the passage of a catheter, and next was *epileptiform convulsion* from the same cause. Mr. Paget remarked that these two results never happened unless the patient were standing up, just as the same phenomena after excessive bloodletting were noticed only when the patient was in the erect position. Thirdly, *rigor* following the passage of instruments into the bladder was mentioned; this result was commonest in patients who had never been catheterized before, and unlike the two other phenomena, did not come on until water was passed for the first time after the use of the catheter. Rigor after catheterism was said to be commonest in persons who had ague, or who had lived in tropical countries, and the phenomena of the shivering fit were described as corresponding exactly with the course of an attack of ague. The rigor might often be prevented by the administration of brandy and water or other alcoholic stimulant immediately after the operation; and Mr. Paget spoke in high terms of Sir B. Brodie's practice in this respect.

In referring to the occasionally very dangerous character of these shivering fits, Mr. Paget mentioned that he had known death to follow simply sounding for stone in no less than six cases. As a rule, however, a rigor occurring soon after lithotrity, lithotomy, or the passage of a catheter, was not a dangerous sign. This brought the lecturer to his fourth peculiar sequence of catheterism and lithotrity, viz., the occasional occurrence of pyæmia, after a rigor, apparently from simple irritation of the urethra, and without any injury to its structure or effusion of urine. Mr. Paget then referred to another of these curious relations between the urethra and distant parts, *urethral rheumatism* (including the so-called gonorrhœal rheumatism), an affection which, if it could not be described as pyæmic, yet certainly presented many points of close resemblance to pyæmia.

Mr. Paget was of opinion that any inflammation of the urethra, whether contagious or not, might be followed by the swelling and effusion into the joints which characterizes urethral rheumatism. Lastly, Mr. Paget mentioned the connection which he believed to exist between certain cases of *sclerotitis* inflammation of the urethra and effusion into joints, inclining to the belief that patients in whom these conditions coexisted were often to be described as *gouty* rather than rheumatic.

Contusion of the Hip.—The first case was that of a man who fell, about a month ago, on his great trochanter, receiving no other injury than a severe bruise. Mr. Paget insisted on the importance of treating such cases by prolonged rest in bed as the best means known for averting the acute atrophy of the head and neck of the femur, which too often follows an injury apparently so trivial. After mentioning the ordinary signs of fracture of the neck of the femur, Mr. Paget stated that some of these, viz, pain on pressure about the hip, and inability to raise the heel from the horizontal position, are also generally present in cases of severe bruise of the hip. In the case of contusion, however, it was stated that this inability to raise the limb generally disappeared in a few days. On the important point of deformity, Mr. Paget said that it was of great consequence both for the patient's sake and the surgeon's reputation, to distinguish between the shortening of fracture, which comes on either immediately or at most, as in some cases of impaction, a few days after the accident, and that which occurs weeks or months after a contusion of the hip; the latter depending on atrophy of the head and neck of the femur, and the assumption of a too horizontal direction by the latter part. Mr. Paget remarked, that in young patients simple atrophy of bone was the only change observed, but that, in old persons, wasting of articular cartilage and the formation of nodules of bone about the margins of the joint generally occurred in addition.

Rupture of the External Lateral Ligament of the Knee-Joint.—In connection with this case Mr. Paget made some re-

marks on sprains in general, on their importance, and the necessity of treating them seriously, and often with all the attention which would be bestowed on a fracture, both to prevent the deformity arising from rupture of ligaments, and to ward off severe inflammation. Mr. Paget remarked that in every sprain there are two injuries to be considered—the stretching of the ligaments on one side of the joint, and the necessary crushing of the cartilage and bone to a corresponding extent in the other; and that, in his opinion, the latter injury, although commonly left out of consideration, is often really of major importance. In illustration of this opinion, Mr. Paget drew a comparison between the results of dislocation of the shoulder and ankle, in which there is extensive rupture of ligamentous structures, and sprains, in which there is, in addition, the crushing bone and cartilage; and stated that suppurative inflammation of these joints is much more frequent after sprains than after dislocations, the difference, in his opinion, being due to the bruising or crushing before referred to.

Recurrent Hemorrhage.—Mr. Paget applied this term to the bleeding which sometimes comes on within the first day or two of an operation, as distinguished from true secondary hemorrhage, coming on after about the fifth day. The patient upon whose case Mr. Paget lectured was a man for whom he performed Pirogoff's amputation last June, on account of disease of the ankle-joint, accompanied by extreme pain. The pain returned in the stump soon after the operation, and this induced Mr. Paget to remove the remains of the os calcis in the following October; still the man suffered in a most unusual degree from persistent pain in the part, which was unrelieved by all sorts of local and general anodynes; and on the 9th inst. Mr. Paget, therefore, amputated the leg at the lower third. An unusually large number of vessels required ligature, but bleeding had quite ceased when the patient was removed to the ward. Mr. Paget illustrated the general treatment to be pursued in cases of recurrent hemorrhage by the plan adopted in this instance. Anticipating the probability of bleeding, Mr. Paget had the limb slung, and the stump covered with a piece of lint and exposed to the air. About an hour after the operation, blood began to drip from the stump, because, the lecturer said, the muscular coats of the small arteries, which had contracted at the time of the operation, had become "tired" before time had elapsed for the formation of a clot or the adhesion of the flaps. Mr. Paget said that the first indications of treatment were to expose the stump thoroughly to the air and raise the limb, and these were carried out; still bleeding continued, and the next method, artificial cold by applying ice, was tried; this failed to arrest the hemorrhage for more than a very short time; and the third resource, compression of the main artery by a tourniquet, was employed, in order, as Mr. Paget observed, that, pressure being removed from the weakened vessels, they might again contract. The tourniquet was removed at the end of an hour on account of the pain caused by it; but, as renewed bleeding set in, the instrument was again applied, and the fourth plan of treatment, mentioned by the lecturer, was employed; viz., opening the flaps and tying the bleeding vessels. The flaps were then sponged with a disinfectant lotion; and thus, Mr. Paget said, another important indication was fulfilled—that of preventing putrefaction of any blood-clot that may remain or form subsequently in the stump, and thus warding off the occurrence of blood-poisoning. In mentioning pressure on the main artery, Mr. Paget reminded his hearers of the necessity, before proceeding to such an extreme measure as ligature of the main vessel, of ascertaining whether pressure on it does really stop the bleeding.

Mr. Paget remarked that recurrent hemorrhage is essentially the hemorrhage of reaction, coming on, as it does, not only when the small vessels are "tired," but at the time when the patient is recovering from the shock of the operation and his heart regaining power; coming on, therefore, quickly in robust patients, and tardily in those who are feeble and recover slowly from shock. In connection with the last point, Mr. Paget deprecated the plan of overstimulating patients after operation with the intention of quickly bringing on the stage of reaction, such a practice being very likely to be followed by recurrent bleeding. In noticing the conditions under which copious bleeding is to be expected at amputations, Mr. Paget mentioned the presence of morbid, especially cancerous, growths, the existence of acute inflammation in the part, and, lastly, the previous history of severe

pain in the diseased limb or stump; and considered that the liability to abundant hemorrhage might be considered to vary directly, in such cases, with the severity of the pain. —British Med. Journ., Feb. 19, 1870.

HOSPITAL NOTES AND GLEANINGS.

Recovery from Pyæmia.—There is a man, aged 41, now in London Hospital, under care of Mr. Maunder, who has recovered after symptoms most probably due to pyæmia. He was admitted September 11th for a laceration of the forehead, on the right side, laying bare the bone. Erysipelas of the head and face followed; afterwards the whole of the right upper extremity became much swollen, but no abscess formed. The left thigh also swelled much about the same time, and a large abscess formed and was opened. Just before this swelling came he had two or three well-marked rigors, and he sweated a good deal after each one. The abscess began to discharge freely, the swelling of the right arm diminished, and no further serious symptoms arose.—Brit. Med. Journ., Jan. 15, 1870.

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Pyæmia from Lacerated Wound of Buttock.—A few days ago we were present at a post-mortem examination of the body of a man aged 24, who was admitted into the London Hospital, on Nov. 19th, under the care of Mr. Maunder, for a lacerated wound of the buttock, produced by a fall on a hook. There was no injury to the bone. In about twelve hours he had a severe rigor, and his temperature rose to 103.4. The rigors were repeated on succeeding days, and he perspired freely. He became very weak, and a low form of delirium set in. He complained of severe pain in the left shoulder-joint, but no swelling could be seen. He died on the twentieth day after the accident. The lungs were found to be studded with very dark patches, looking just like pulmonary apoplexies. They were of all sizes; some of them showed signs of breaking down in the centre; many of them were situated just beneath the pleura. The disease, as Dr. Sutton remarked, was in too early a stage for abscesses to be found in the viscera. The spleen presented similar changes to those in the lungs. The liver and kidneys were unaffected.

Some of the most interesting pathological changes, however, were found in the left shoulder-joint. On making an incision to examine the joint, out came a fair quantity of a grumous mixture of blood and pus, which was infiltrated amongst the tissues around the joint. The cartilage was exceedingly thin on that part of the head of the bone in contact with the glenoid cavity. There were no patches of removal of cartilage, with vascular synovial fringes filling up the pits, such as are very generally seen in strumous arthritis.

Dr. Sutton also mentioned a well-marked case of softening on the right lobe of the cerebellum recently at the post mortem table. The case is reserved for detailed publication.—Ibid.

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Perforation of Intestine; the Result of Supposed Laceration.—At a recent visit to London Hospital, we saw the examination of a man, who had been admitted under the care of Mr. Maunder, for suspected strangulation of a hernial tumour. The man had long been ruptured on both sides, and had worn a truss quite comfortably till the other day, when he had a severe fall, and the truss was driven against his belly. Pains in the abdomen and vomiting came on, and he was brought to the hospital. Mr. Maunder used the taxis under chloroform, and satisfied himself there was no strangulation of either hernial tumour to be detected. The vomiting and pain in the belly continued, and the man died about sixty hours after the accident.

On inspection, no wound, or bruise even, of the abdominal wall could be seen. When the abdomen was opened, evidence of suppurative peritonitis were found. Lying over the upper part of the ileum, there was some fluid fecal matter, and a little was also seen on the peritoneum as soon as the abdomen was opened. The lower coils of intestine were glued together, and the visceral peritoneum was very vascular. No opening could be seen in any part of the intestines while they were *in situ*; but, on slitting them up after their removal, an opening, about the size of a sixpence, was discovered in the upper part of the ileum. The edges were rounded and everted; there was a little evidence of swelling and some firmness to the touch, but nothing like fibroid or chronic induration. The mucous membrane immediately around the ulcer was slightly abraded, and there was also a

minute superficial ulceration on one side of it, to the extent of an eighth of an inch; but it was so superficial that it was only by very careful examination that the valvulæ conniventes could be seen to be interrupted at this spot. The peritoneal surface, around the external opening of the ulcer, was injected, and there was a quantity of dirty-yellow, fecal-stained lymph adherent to the peritoneum for some distance above and below it. The ulcer was on the free border of the intestine.

In connection with this case Dr. Sutton remarked that experience has shown that internal organs may be lacerated by a blow on the surface of the body, without the skin or integuments being wounded, there being little or no external signs of injury. For instance, a blow on the chest has been known to rupture the posterior wall of the aorta. He well recollected a case he had seen at Guy's Hospital, in which, after death, a rupture of the small intestine was found; and the only history obtained was that vomiting, etc., had come on immediately after violent efforts to lift a barrel full of beer. There was no external sign of injury.—Ibid.

DOMESTIC INTELLIGENCE.

American Medical Association.—This Association held its 21st annual meeting on the 3d of May, in Washington, D. C., and continued in session for four days. The proceedings of each meeting have hitherto been regularly chronicled in this journal, and could we feel it to be advisable, we would be happy now to continue the practice; but we are mortified to have to confess our conviction that the interests of the profession will be best subserved if the veil of oblivion be thrown over the greater part of the proceedings of the last meeting. The prominent political and social fanaticisms of the day, and private grievances and animosities were allowed to be obtruded upon the attention of the Association, giving rise to exciting and irritating discussions, thus occupying valuable time with matters entirely foreign to the great objects of the Association. These objects as announced at its organization were: 1st, "The maintenance of the honour and respectability of the profession;" 2d, "The advancement of their knowledge and the extension of their usefulness;" 3d, "The securing a uniform and more elevated standard of acquirements for the degree of M. D.;" and 4th, "The adoption of a code of medical ethics for the government of the profession." It would be difficult to show that any of these first three objects were promoted at the last meeting, or that the spirit of the 4th was respected in the discussions which took place.

The atmosphere of Washington seems more congenial for politicians than for men of science, and so the Association appears to have discovered, for it rescinded the resolution requiring its meetings, to be held every alternate year in that city.

If the delegates at the last meeting truly represented the profession, it is evident that there exist discordant elements, which it will be difficult if not impossible to harmonize at present, and which preclude the hope of the dignity and interest of the profession being maintained under existing circumstances at future meetings.

Dr. Alfred Stillé, one of the founders of the Association and its first Secretary, was elected President for the ensuing year, and the meeting adjourned to assemble at San Francisco, California, in May, 1871.

Having been one of the founders of the Association, and one of its early earnest supporters, we may be excused for expressing the hope that dispassionate reflection during the coming year, and an entirely new scene of meeting, may lead those who shall then assemble to rigidly restrict themselves to the promotion of the legitimate objects of the Association, firmly refuse to allow illegitimate subjects to be introduced, and thus restore the cordial and fraternal harmony which strikingly characterized the early meetings of our national medical congress.

The business of the different sections seems to have been conducted with the usual harmony, and we learn that some interesting papers were read before them.

In the Section on Surgery and Anatomy, Prof. S. D. Gross, Chairman, papers were read on median lithotomy by Dr. J. L. Little, of New York; on a case of imperforate anus, by Dr. Healy, of Indiana; on a form of neuralgia of the jaw bones not yet described, by Prof. Gross; case of large fibro-sarcomatous tumour of the upper jaw, operated on by Prof. Kinloch, of Charleston, S.C.; on reflex paralysis pro-

duced by congenital phymosis, by Dr. Sayre, of New York; on the application of carbolic acid as a remedy for purulent conjunctivitis, by Dr. Rogers; a formula for the preservation of a liquid for the preservation of wet anatomical preparations, and for injecting subjects, by Dr. Titcomb, of Baltimore; case of congenital closure of the rima glottidis, by Dr. Elsberg, of New York; on the reduction of dislocation of the shoulder-joint by a new method, by Prof. Logan, of New Orleans; on extraction by direct incision of a fibro, cartilaginous tumour of the knee-joint, by Dr. A. B. Stewart, of Minnesota; on a plastic operation on the face, by Dr. G. Buck, of New York; on a modification of Pirogoff's operation, by Dr. Quinby; on the comparative merits of lithotrity and lithotomy, by Dr. Moore, of Buffalo; on the treatment of malignant tumours by electrolysis, by Dr. Neftel, of New York; on idiopathic lateral curvature of the spine, by Dr. B. Lee; on the use of glasses in hypermetropia, by Dr. Pomroy; verbal communications were made by Dr. Ohr, of Indiana; Dr. Atlee, of Lancaster, Pa.; Dr. Otis, &c.

In the Section on Physiology and Microscopy, Dr. F. H. Gatchell, chairman, a paper was read on the cellular structure of the red-blood corpuscle, by Dr. Jos. G. Richardson, of Philadelphia.

In the Section on Practice of Medicine and Obstetrics, Dr. Jos. Kammerer, chairman, a paper was read on the use of the sulphite of soda, and on the internal use of glycerine, by D. Griscom, of New York.

In the Section on Meteorology and Epidemics reports were read on the diseases of Pennsylvania, by Dr. D. F. Condie, of Philadelphia; and on those of Illinois by Dr. Hammond.

In the Section on Psychology, Dr. W. Gray, of Utica, chairman, a paper was read on institutions for the insane, by C. A. Lee, of New York.

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National Medical Convention for revising the Pharmacopœia.—The sixth decennial meeting of this Convention was held in Washington on the 4th of May. Prof. Joseph Carson was elected President.

Reports were received from various societies, and those not prepared to report were granted permission to hand in their reports to the Committee on Revision.

A committee was appointed to report a plan for the revision of the Pharmacopœia, which submitted a report providing for the appointment of a Committee on Revision and Publication; also, recommending that the measures of capacity be abandoned in the Pharmacopœia, and that the quantities in all formulas be expressed both in weights and in equal parts by weight. The report was adopted, after being amended that the committee should meet in Philadelphia. The committee was also authorized to investigate any new medicine that may be brought forward in the future, and devise formulas for the appropriate preparations of it.

The delegates from the various institutions then selected a nominating committee which in turn reported the following committee to revise the Pharmacopœia: Dr. G. B. Wood, Alfred B. Taylor, Jno. M. Maisch, Dr. Robert Bridges, Philadelphia; Dr. Edward R. Squibb, New York City; Albert E. Ebert, Chicago, Ill.; J. Tarris Moore, Baltimore, Maryland; G. F. Markoe, Boston, Mass.; Dr. John C. Riley, Washington, D. C.; Dr. Thomas Jenkins, Louisville, Ky.; Dr. Charles A. Lee, Buffalo, N. Y.; Dr. J. S. Welford, Richmond, Va.; William F. Wentzell, San Francisco, Cal.; W. S. W. Ruschenberger, U. S. Army and Navy.

Dr. B. F. Craig, of the District of Columbia, offered a resolution, which was adopted, "That the Committee of Revision be instructed to include some part of the metrical system in the list of officinal weights and measures."

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Power of Nature in the Cure of Disease.—There seems to be a large class of practitioners who entirely ignore the power of nature in the cure of disease, and of its ability to relieve the system from the effects of poisons. We often receive, and also find recorded in the journals, vaunted cures of tetanus by some article of the materia medica which happened to be administered at the time, the reporter overlooking the fact that the same article has over and over again failed in other cases; and even that some more potent measure, such as amputation of the injured limb, may have been employed at the same time. This last, if it fails to cure in many instances, still may exert too important an influence to be entirely ignored. It should further be remembered that more than fifty medicinal

agents of the most varied and even contrary action have been claimed to have effected cures of this affection, and yet the mortality from it continues undiminished.

We likewise have received accounts of numerous cases of opium poisoning supposed to be cured by belladonna, and of belladonna poisoning believed to be cured by opium, and of strychnia poisoning cured by various articles. Now, without denying the possible antagonism of opium and belladonna, the fact must not be overlooked that both of these poisons, as well as strychnia, snake-poison, &c., may be eliminated from the system by the natural emunctories, especially by the kidneys, and that if the patient can be kept alive long enough to enable the emunctories to eliminate those poisons, recovery from their effects will take place. Without wishing to discourage the use of antidotes, we desire to impress upon our readers that the great object should be to maintain life as long as possible, so as to afford time for the eliminative process to be accomplished, and that in order to duly determine the effects of supposed antidotes the powers of nature should not be ignored, but that an effort be made to determine the precise agency of these two powers in every case of recovery, so that the real value of the so-called antidotes may be the more certainly determined.

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Conversazione of the Biological and Microscopical Section of the Academy of Natural Sciences of Philadelphia.—The Academy of Natural Sciences, the members of which have been for more than half a century diligently devoted to the study of the natural sciences, and have contributed so largely to diffuse a taste for their cultivation by liberally throwing open their extensive and magnificent museum to the public, has attached to it several sections, each devoted to the special study of some one of the departments of science. The Biological and Microscopical, one of the most active of these Sections, held their first conversazione in the spacious hall of the College of Physicians, the use of which was liberally granted for the purpose, on Friday evening, May 13th. The rooms were thronged during the whole evening and up to an unusually late hour, by a highly intelligent and appreciative assemblage.

Entering the vestibule, which, with the spacious stairway, was elegantly decorated with plants, visitors first passed into the southwest museum room of the college, which was appropriated to the exhibition of the costly apparatus of Dr. J. Solis Cohen for illustrating the phenomena of voice and hearing, among which was the double siren of Helmholz, the simpler apparatus of Lissojou, for giving optical expression to the vibrations of tuning-forks, and thus studying their forms in combination; the manometric flame apparatus of Kœnig for the visual expression of the vibrations of organ pipes, and the optical study of the numerical values of musical intervals; the apparatus of Dr. Melde, of Marburg, Marlowe's differential sonometer, with many other interesting instruments and elaborate drawings. Dr. Cohen was assisted by Prof. Houston, of the Central High School, who, besides, contributed a very large siren after Helmholz, and other valuable apparatus.

In the adjoining southeast room, Prof. R. E. Rodgers, of the University, untiringly exhibited from time to time during the evening, some of those brilliant experiments with electricity which have rendered the University additionally famous as a centre of electric light, unveiling the mysteries of the telegraph, the electrical machine, &c. &c., with wonderful clearness of explanation and illustration.

The large lecture room was appropriated to an exhibition of the gas microscope by Dr. J. Gibbons Hunt, which constituted one of the most interesting portions of the evening's entertainment. A power of 255 was used, and gave a flat field covering a screen ten feet square, upon which more than fifty natural objects (not photographs) were shown, ranging through the domains of anatomy, botany, and entomology. The cell structure and spiral tissues in plants, together with the glands of Nepenthes Diosera and the irritable leaf of Dionea, so interesting in a physiological point of view, came clearly out on the canvas. Our smallest flowering plant, the Wolffia Columbiana, revealed its cell structure and also the little depressions, some specimens having young ones attached to the parent plants, as they were made to roll across the screen. Among the anatomical specimens those showing the vascular system of the kidney, the cerebrum of the cat, the villi of the human colon, and the respiratory tubes in the larva of Dityscus were brought out with wonder-

ful distinctness, while the plates and anchors of Synapta were projected on the canvas clearer and sharper than in any photograph. A scorpion filled the screen with all its parts distinct, and in focus at the same time, while moths and butterflies came out on a field perfectly flat with a definition that revealed the minute scales on their wings.

The southeast library room was occupied by Dr. W. W. Keen, and Professor J. H. McQuillan of the Dental College, with a fine collection of anatomical models, and by Dr. M. J. Grier, with a very complete exhibition of electro-magnetic and electro-galvanic apparatus, which, in view of the most important uses of these agents in therapeutics, deservedly attracted a large share of attention. Among the curious and interesting electro-galvanic apparatus displayed by Dr. Grier, was an ingenious thermometer, whose column of mercury was so arranged, that it completed a galvanic circuit, converting a bar of soft iron into a magnet, and so set ringing a little alarm bell, which drew attention to the fact that the apartment in which it was placed had become overheated. A pulse telegraph attracted much notice, as did also the different forms of batteries adapted to a great variety of medical purposes.

The southwest library room, with the adjoining one, occupied by Dr. Samuel Lewis' very valuable collection of medical works, was fitted up with tables along their whole length and devoted to the exhibition of about seventy microscopes, embracing those of highly primitive construction, dating back to the year 1704, as well as including the most perfect and costly microscopes, the masterpieces of our own and foreign manufacturers. Among the opticians represented, we observed Messrs. Zentmayer, Queen & Co., and McAllister of this city, Tolles of Boston, Wales of New Jersey, Spencer of New York, Powell & Lealand, Ross and Smith & Beck of London, Hartnack, Nachet and Chevalier of Paris, &c., the total value of instruments and apparatus probably not falling short of $20,000. Each microscope had arranged beneath it some object suited to its power, and was placed under the care of a member of the Society, who from time to time adjusted or changed the object and took pains to explain the peculiarities of the instruments and of the structures to the constant and large stream of visitors. Prominent among the attractive objects were, the wonderful type plate of the diatomaceæ, the exquisite stereoscopic view of the hibiscus, under the binocular, specimens of an elytrum of the diamond beetle, and of naphthaline as seen by polarized light.

We most heartily congratulate the Society upon the remarkable success of this their first conversazione, and trust that they may be sufficiently encouraged by the scientific public, to be enabled to continue annually these delightful reunions.

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New Medical Journals.—The number of these which have appeared or been projected during the past year is unusually large. There seems to be the same rush into journalism as there was to the gold fields of the Pacific coast some years since, and we trust it will prove equally remunerative; at all events we must admire the courage of those engaged in these enterprises. We wish them all success, and fraternally welcome them to our exchange list. In addition to the new journals already announced (see p. 25 of this volume) we have received during the last month two more: 1st, the "National Medical Journal," edited by C. C. Cox, M.D., &c. &c., the first number of which was issued at Washington, D. C., in May last, and makes a creditable appearance. It is announced to appear quarterly hereafter, each number to contain not less than 128 pages 8vo. Terms, three dollars a year.

2d, "The Indiana Medical Journal," edited by Drs. Thad. M. Stevens, W. B. Fletcher, and Guido Bell, the first number of which was published at Indianapolis last month, and is to appear monthly hereafter, each number to contain 32 pages, at one dollar and a half a year.

A new journal has been projected in Philadelphia, to be called "The Medical Times," the first number of which will be issued, we learn, on the 1st of October next and semi-monthly thereafter. The enterprise is in good hands, and we feel assured that it will materially advance the medical interests of Philadelphia by the publication of regular and authentic clinical reports from our various hospitals, infirmaries, dispensaries, etc., which will exhibit the immense resources possessed by our city for clinical instruction, and the very large amount of cultivated intelligence and zealous industry engaged in that work.

We have before us the prospectuses of

two other projected journals, one, "The Medical and Surgical Journal of the Northwest," to be issued monthly at St. Paul, Minnesota, by Alex. J. Stone, M. D., of Stillwater; the other, "The Cotton Zone Central Journal of Medicine," to be published at Atlanta, Georgia, under the editorial direction of Wm. A. Love, M. D., of Albany, Georgia.

FOREIGN INTELLIGENCE.

Chloral and Chloroform.—Communications on chloral multiply daily. Among some of its curious effects may be noticed an observation of M. Liégeois at the Sociète de Chirurgie that in a case in which he had performed a minor operation under the influence of chloral, which produced sleep, but not anæsthesia, he resorted to chloroform. To his great surprise he found that the association, so far from increasing the effects, gave rise to excitement which lasted as long as the inhalations were continued. The fact is the more to be remarked as tending to disprove the identity of action between chloral and chloroform insisted upon by Liebreich. M. Giraldés, proceeding in a different direction, administered to infants who have been chloroformed and remained very agitated, a chloral draught. The effect of the association was to produce peaceful sleep for from five to eleven hours. Since then he has frequently employed chloral, either in mixture or enema, whenever children have remained excited after chloroform, and always with success. M. Demarquay observed that he has continued with advantage his practice of giving patients immediately after operation successive doses of 2 or 3 to 5 grammes of chloral until sleep is produced. All subjects are, however, far from exhibiting the same effects from the action of chloral. In some, when it is given immediately after the operation, it produces a quiet sleep and deep calm which lasts all day, and prevents any of the pain consequent on the traumatism being felt. Others proved refractory to the action of chloral, which is sometimes rejected by vomiting. As a medium dose he gives 2 grammes in two spoonfuls of syrup diluted with water. M. Giraud-Teulon has observed the same excitement produced by administering chloral in children that have been etherized as related by M. Liégeois in those who have been chloroformed.—Med. Times and Gaz., April 23, 1870.

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New Remedies for Burns.—Two new remedies for burns are added to the long list. The first is charcoal. A piece of vegetable charcoal laid on a burn at once soothes the pain, says the Gazette Médicale, and if kept applied for an hour cures it completely. The second one is sulphate of iron. This was tried by M. Joel in the Children's Hospital, Lausanne. In this case, a child, four years of age, had been extensively burnt, suppuration was abundant and so offensive that the ward was uninhabitable. M. Joel ordered the child a tepid bath, containing a couple of pinches of sulphate of iron. This gave immediate relief to the pain, and being repeated twice a day—twenty minutes each bath—the suppuration decreased, lost its odour, and the child was soon convalescent.—Med. Press and Circular, April 6, 1870.

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Corradi's Urethral Dilator.—M. Broca presented, a short time ago, to the Imperial Academy of Medicine, a report upon a urethral dilator of M. Corradi. The instrument distends the urethra without tearing the mucous membrane or the actual texture of the canal. It consists of two slender silver rods joined at their vesical extremity, making up a thickness of No. 2. By means of a mechanism at the handle, one of the rods can be shortened, and it thereby bends on the other like an arc upon its cord. The instrument being introduced beyond the stricture, the rod is shortened, and the whole slowly withdrawn. The dilatation in the transverse direction is not painful, causes no hemorrhage, and immediately afterwards No. 12 French (about No. 4 English) can be introduced. The size of the bougies is then rapidly increased; and in a week a full-sized instrument can be passed. It is clear that M. Corradi's view is to shorten the earlier stages of ordinary dilatation, whilst Perrève's and Holt's instruments regularly break up the urethra.—Lancet, April 16, 1870.

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Thymol, a New Disinfectant.—This substance, properly called thymic acid, is recommended as a new disinfectant, in many respects preferable to carbolic acid. From several observations communicated by A. Paquet, it appears that in the undiluted

state it is a powerful escharotic, useful especially to remove warts and cauterize hollow teeth, in which cases it acts without producing pain, and gives to the breath a far more agreeable odour than carbolic acid. An aqueous solution of it (1:1000) acts upon healthy ulcers without irritation, rather like a cooling application and antiputrid dressing, and puts them in a healthy condition. The same is the case with putrid ulcers in the cavities of the body, and by injecting into natural specimens a mixture of four parts of thymol, two parts of aniline, and four parts of tannic acid in 100 parts of glycerine, they may be made to keep for a month of a normal volume and colour.

This stearopten of the oil of thymus vulgaris, though somewhat scarce and expensive, may in many cases be used as a substitute for the never odourless carbolic acid, and in much more dilute solutions.—Druggists' Circular and Chem. Gaz., May, 1870.

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Mobility of the Liver.—An interesting, and perhaps unique, case of extreme mobility of the liver has been recorded by Professor Cantani. The patient was a lady, aged 54, and eleven years previously, immediately after her last confinement, the liver had descended from its usual place into the hypogastrium, occupying a position extending from the umbilicus nearly to the symphysis pubis. The liver was of normal size, and could be freely moved in every direction, and, by placing the patient in a recumbent position, with the sacrum elevated upon a cushion, it could easily, with a little manipulation, be returned to its place, descending again when she reassumed the erect position. During the whole period of eleven years it had occasioned no injury to health, and but little inconvenience; but as it had been diagnosed in the beginning as a uterine tumour, the lady had become a prey to hysteria and melancholy, believing herself to be a victim to an incurable disease, and these symptoms had been considered as a proof of the diagnosis. On being reassured as to the nature of the supposed tumour, she rapidly regained her former health.—Med. Times and Gaz., April 9, 1870.

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Ingestion of twenty-five drops of Croton Oil by a Man; Recovery.—A case of this kind was published in the Tribune Médicale of Paris (No. 93), relating to a little girl six years old. The child recovered after severe vomiting, and hardly any diarrhœa. Dr. Augé, of Reuilly (France), has lately communicated to the same journal the above-mentioned case. A mistake was made between the cough mixture and a small bottle containing croton oil, to be used for frictions beneath each clavicle. It is calculated that about fifty-five drops were swallowed. There was some diarrhœa and feverishness for three or four days; but the patient was not much distressed, and finally recovered. M. Augé thinks that the oil, instead of being absorbed, spreads on the moist mucous membrane of the stomach. The medico-legal bearings of such a case are very important.—Lancet, April 16, 1870.

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Influence of Atmospheric Dust in the Production of Disease.—At a late meeting of the Imperial Academy of Sciences an interesting paper was communicated by M. Dumas, in the name of M. Wiestyn, concerning the influence of atmospheric dust on the production of disease. M. Wiestyn observes that the ventilating machines of the various hospitals and places of public resort pump up with the air of the wards and theatres the germs which escape from the bodies of the patients, &c., and then let them fall over inhabited localities, where they produce mischief. The author therefore suggests that, before escaping from the ventilators, the air should be subjected to a very high temperature, so that all the germs which it contains may be completely destroyed.

In connection with this communication, M. Sainte-Claire Deville made some noteworthy remarks concerning various experiments which he had instituted during the cholernic visitation four years ago. He then recognized that the odour emitted by the patients was sometimes acid and at other times alkaline. It was acid in the wards inhabited by children or females. The alkaline odour, he said, was produced by ordinary ammonia or triethyl ammonia. Besides this, the presence of numerous organic germs was traced in the air of the wards, and it even happened that some of the experimenters suffered from their contact. M. Sainte-Claire Deville warmly advocated the employment of calcination of air as a means of destroying the germs, and

preventing the extension of the epidemic.—Lancet, April 2, 1870.

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Smallpox in Paris.—In M. Besnier's report on the diseases prevailing in Paris during the first quarter of the present year, he gives an interesting account of the course of the epidemic of smallpox still raging in that city. It commenced in November, 1869, when diseases from this cause exhibited a sudden increase. During the winter it underwent a considerable exacerbation, proceeding in this respect in conformity with the usual course of smallpox. On examining the mortality returns from variola during the last ten years, M. Besnier states he finds the minimum is always in the months of June, July, and August, when, increasing somewhat in September, it pursues a regularly ascending course during the winter, to decline again in the spring, and fall to the minimum in summer. If this rule is to hold good the present epidemic must soon exhibit a decrease. Not only is the disease most frequent in the winter, but its proportionate fatality is greatest in that season. The entire number of deaths from variola during the first quarter of 1870 was 2266—viz., 681 in January, 747 in February, and 838 in March. In ordinary times smallpox follows pretty much the course of other diseases in its relative prevalence in the different arrondissements, but during epidemics, the differences in this respect, although still observable, are much less marked. The great number of cases occur between the ages of twenty and thirty, males being more frequently its subjects than females. The mortality which ensues does not follow this rule in the present epidemic any more than in former epidemics. Thus, for the months of January and February the mortality of adult males was 20.16 per cent., and of females 21.87 per cent.; and of males under sixteen it was 34.47 per cent.; and for females of the same age 36 66 per cent.—not counting the children at the Foundling Hospital, where it was 40 per cent. M. Vacher has established the great fatality of variola during the first year of life; viz., ten times greater than at the period between twenty and thirty; and, moreover, it is even very considerable during the first three months, contrary to an opinion generally entertained, and which has given rise to a false security, in relation to early vaccinations. Observation during the present epidemic shows even more powerfully than on former occasions, the important mitigating power exerted by vaccination in the numerous cases in which smallpox has succeeded it. The report also details various examples of the slighter protection afforded by vaccination when only performed during the imminence of variola. With respect to the treatment of variola, the only new point of interest is the successful employment of phenic acid in large doses by M. Chauffard. M. Besnier has, since this means has been announced, given this substance to all his numerous cases of variola in quantities varying from 25 centigrammes to 1¼ gramme per diem; and the results have seemed to him decided enough to induce him to still continue the treatment by giving it at an early stage of the disease; and in several cases which appeared as bad as possible, a successful result was obtained. Consecutive abscesses were also observed to be much less common. M. Moissenet has found great advantage to accrue from adding a litre of Labarraque's liquid to each of the baths he always employs. The patients derive great comfort from the baths, and the horrible odour which accompanies the suppuration disappears.—Med. Times and Gaz., May 7, 1870.

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Obituary Record.—Died, in Edinburgh, on the 8th of May, of angina pectoris, complicated with heart disease, in the 59th year of his age, Sir James Young Simpson, Bart., a man whose attainments as a physician and scholar have enrolled him among the most illustrious names of the century. No physician of the present day—scarcely, indeed, in the history of medicine—has left a more permanent or brilliant record of the utility of his life, or the versatility of his genius, than has the distinguished Professor of Midwifery in the University of Edinburgh. For forty years he toiled unceasingly for the advance of medical science, and his numerous contributions to medical literature attest the deservedness of the reputation he achieved.

Born at Bathgate, in 1811, Sir James, then poor and almost friendless, pursued his literary studies in the University of Edinburgh, and by winning a scholarship, which car-

ried money with it, was enabled to pass from the literary to the medical class. In 1832 he took his degree of M.D., and became assistant to Prof. Thompson in the chair of Pathology. He soon after gave lectures on midwifery in an extra-academical school in Edinburgh, and, in 1840, at the early age of 29, was elected Professor of Midwifery in the University of Edinburgh. He proved a most popular and instructive lecturer, and his audience were absolutely fascinated by the force of his arguments, and the appositeness of his illustrations. His class-room soon became one of the most popular in the school, and his teachings added new lustre to the prestige of the ancient University.

As a practitioner he was also eminently successful, and his advice was eagerly sought by patients from every clime. Amid the bustle and anxiety of perhaps the largest practice ever possessed by any physician, he constantly found time for experiment and writing, in which were ever reflected the fertility of his genius, the originality of his thought, and the philanthropy of his mind. Among the most remarkable of his many literary contributions may be enumerated his "Obstetric Works," edited by Drs. Priestley and Storer; his treatise on "Acupressure;" his eloquent and masterly refutation of Homœopathy; his archæological researches; "Was the Roman army provided with medical officers;" "Sculptured Stones of Scotland," "Notices of Leprosy and Leper Hospitals in England and Scotland," and other works which gained for him reputation as an antiquarian.

His early recognition and earnest advocacy of the advantages of anæsthesia in surgery and midwifery, notwithstanding the difference of opinion which may exist as to the value of the particular anæsthetic (chloroform) which he introduced into use and recommended, entitle him to the gratitude of humanity.

In December, 1859, Sir James promulgated his views on the arrest of hemorrhage by acupressure, a method which he had devised, and hoped would wholly supersede the ligature, and secure, as a rule, the primary union of wounds. He advocated them with an amount of zeal, learning, and experimental research which did not fail to excite general admiration. The method is yet on trial, and does not lack enthusiastic supporters.

His medical papers were always characterized by originality and force. In 1868 he proposed "to stamp out small-pox" by isolation, and in the following year he, with characteristic energy, began the discussion on "Hospitalism." That out of eighteen amputations but two should recover was to Sir James a result intolerable, and, with great energy and much laborious research he waged a fierce war against colossal hospital buildings. Although errors crept into his statistics, and fallacies were found in his arguments, yet in the main his conclusions were right, and will doubtless result in the greatest good. Even though we are unable to prophesy what the remedy will be, yet we cannot doubt that all who, in the future, submit to capital operations in large hospitals will owe a debt of gratitude to Sir James Simpson for largely increasing their chance of recovery.

Sir James's labours were not without recognition in his lifetime. For his services in connection with anæsthesia he was, in 1853, elected a foreign associate of the French Academy of Medicine; and for the same cause, in 1856, he received the Royal Order of Knighthood of St. Olaf from the late King of Sweden. From the French Academy of Science the Laureateship and gold medal, and the Monthyon prize of 2000 francs "for the most important benefit to humanity." In 1866 he was created a baronet by her Majesty Queen Victoria, and in the same year received the degree of D.C.L. (Oxon.). In 1869, a few months before his death, the freedom of the city of Edinburgh was presented by his fellow-citizens, through the Lord Provost, to him "whose numerous and varied contributions to medical science and literature, and particularly whose distinguished discoveries and appliances for the alleviation of human suffering have seemed to maintain and extend the reputation of this city and medical school, and entitle him to the respect and gratitude of his fellow-citizens." This was the only occasion, with a single exception, of a similar honour being paid to any citizen of Edinburgh. He held the appointment of Physician Accoucheur to the Queen in Scotland, and was member of many learned and scientific societies.

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A large proportion of our readers will be familiar with the contents of "Gray's Anatomy," and look back with thankfulness to the help its admirable engravings afforded them whilst still learners of anatomy. For this valuable and complete treatise has now been before the world some twelve years. That its worth is well recognized, no other proof need be furnished than that although so extensive a volume, and so full and minute in detail, it has reached a fifth edition. And we apprehend that it will maintain its ground as the most comprehensive and lucid English work on anatomy ever published, for several generations of students yet to come. But we must extend our estimate of its value by remarking that it is a work necessary also to the surgeon throughout life; for the attrition of other labors, and of the cares of the world in after-life, is a cause of anatomical denudation to the best of us, and it needs the counteracting agency of repeated fresh deposits derived from some ever-available storehouse of anatomy to prevent denudation proceeding to obliteration.—*Brit. and For. Medico-Chirurg. Review,* April, 1870.

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